



STATE OF INDIANA

INDIANA PROFESSIONAL LICENSING

Indiana Government Center South
302 West Washington Street, Room E034
Indianapolis, Indiana 46204-2700
Telephone Number (317) 232-2980
FAX (317) 232-2312

QUESTIONNAIRE ON APPLICANT REFERENCE

State Form 15199 (R6/6-93)

ENGINEERING INTERN

To Referee:

The individual named below is an applicant before this Board to take an examination as an Engineering Intern as the first step toward registration as a Professional Engineer. Your name has been submitted by him / her as a reference who is familiar with his / her work, character and general suitability for future registration as an engineer.

To the extent of your knowledge of this individual, the Board will appreciate your prompt cooperation in furnishing the desired information in the enclosed signature sealed envelope and returning to the applicant.

State Board of Registration
For Professional Engineers

REFERENCE INFORMATION

1. Name of Applicant		2. Period Covered From _____ To _____	
3. In what branch of engineering did he or she work?			
4. What describes his or her work function? (Check All That Apply) <input type="checkbox"/> Research <input type="checkbox"/> Construction <input type="checkbox"/> Development <input type="checkbox"/> Supervision <input type="checkbox"/> Design <input type="checkbox"/> Sales <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other _____			
5. Evaluation of his or her work: <input type="checkbox"/> Superior <input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> Unsatisfactory			
6. His or Her potential as an engineer: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Unknown			
7. Comments: Satisfactory			
Signature		Date	
Address (Number and Street, State, City, ZIP code)			

AN EQUAL OPPORTUNITY EMPLOYER